

ANDERSON EXHIBIT 10C

177

0-2

ALTERNATE
CONTRACT MARKETING

May 26, 1994

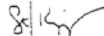
TO: Field Sales Force
District Managers

CC: Cindy Dawson
Mike Derr
Phil Elliott
Cliff Krajewski
Karl Krecklow
Debbie Longley
Mary Beth Manso
Chris Sneed
Dennis Walker

RE: Current Red Book AWP's

As you are aware, on at the beginning of April, Abbott took a list price increase. This also has an effect on our AWP (Average Wholesale Price) which Red Book quotes for reimbursement purposes. Therefore, Mike Haggie was able to get Red Book to send a listing of the "new" AWP's for ALL of our products, which will be effective through next April. I hope this information is helpful and if you have any questions, please feel free to contact me.

Best regards,



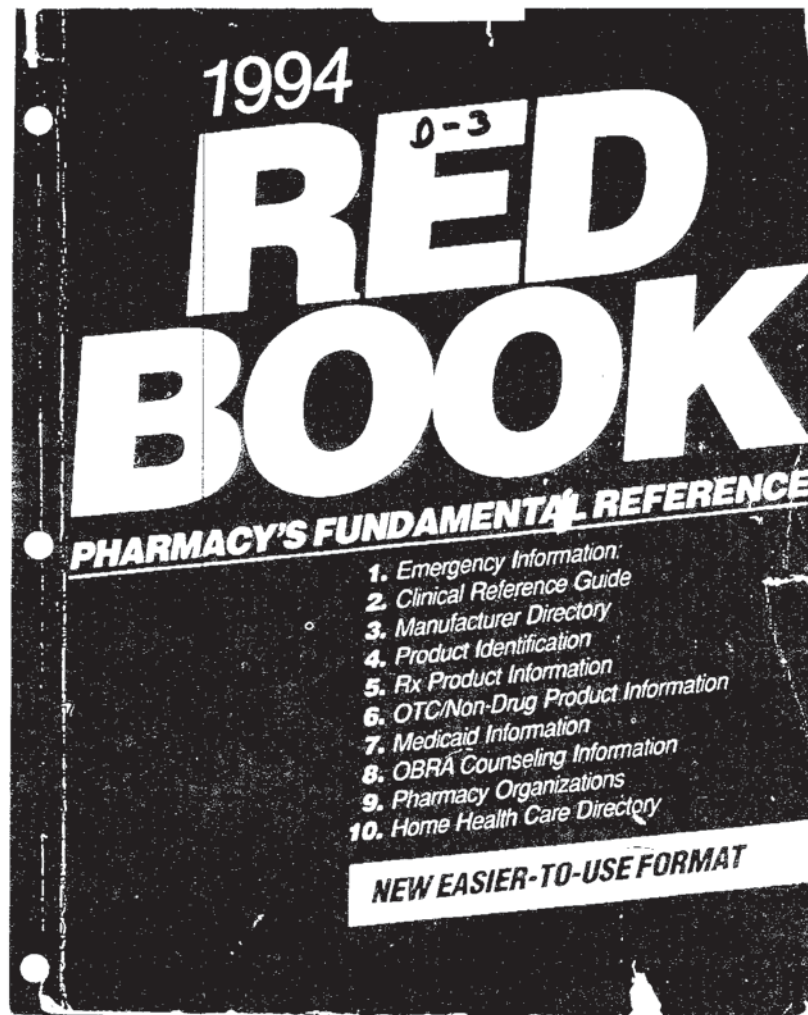
Steve Kipperman

ABT006333

Confidential
AB0019135

ABT006333

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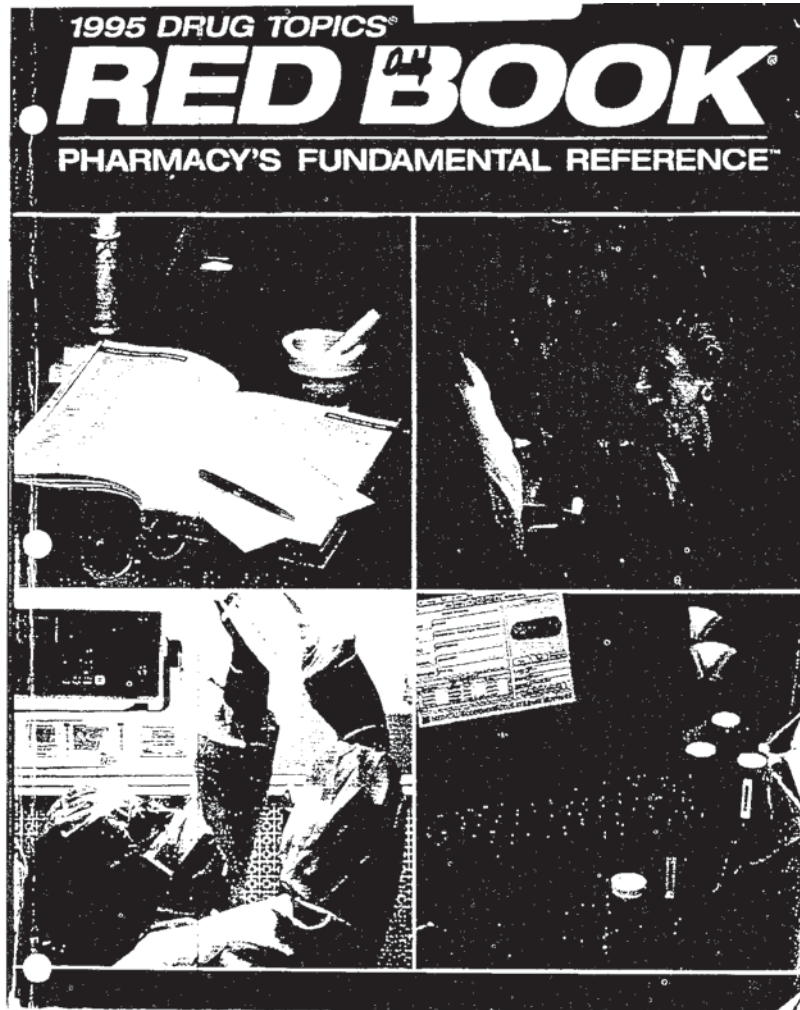
179

Rx PRODUCT LISTINGS

405/VASCO

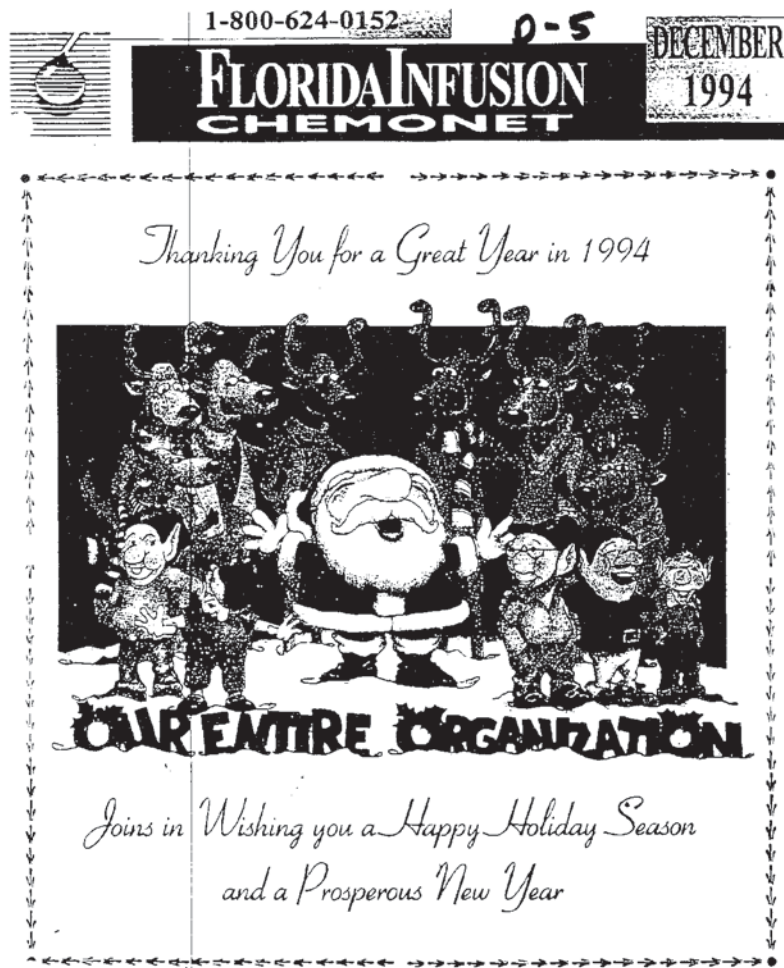
PROD. MFG	NDC	AMP	OF	QTY	PROD. MFG	NDC	AMP	OF	QTY	PROD. MFG	NDC	AMP	OF	QTY
NEW LISTINGS														
AMP: Wholesale Price ADD: National Drug Code PRODUCT (SOLD, UPPR CASE) MANUFACTURER (SOLD, UPPR/BWYR CASE) BRP: Suggested Retail Price (if sold) DPR: Direct Price (if available) OBC: Orange Book Code (Drug Equivalence)														
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180



SENOKOT® Laxatives When the R_x May Constipate

182



14

[illegible]

TERMS

Net 30 from date of invoice. Overdue balances will be assessed a monthly 1.5% service finance charge. Orders placed before 3:00 p.m. E.S.T. will be processed the same day. Orders for \$100 or more are shipped prepaid. Orders of less than \$30 will be assessed a \$5.00 handling and shipping charge. All back orders are shipped freight prepaid. Customers requesting special order handling will be billed the actual expense, unless special circumstances prevail or Florida Infection Services is in error.

FREIGHT

Drug shipments outside of the state of Florida are shipped freight prepaid via UPS next-day air service. Medical supplies are shipped freight prepaid via UPS Ground for delivery between 2-5 days. Items requiring refrigeration during shipment will be shipped freight prepaid UPS next-day air service Monday through Thursday.

PRICES

PRICES
Prices are subject to change without notice. We will attempt to notify customers of price changes in advance, when possible. We will be happy to quote, upon request, current prices at the time of the order.

DAMAGES

DAMAGES
If goods arrive in a broken or damaged condition, the receiving party should request the carrier to note the nature of the damage or breakage on the delivery receipt and should notify Florida Inland Services. Our responsibility for loss of, damage to, or delay in shipment of goods shall not, in any event, exceed the replacement cost of the shipment.

RETURN GOODS POLICY

RETURN GOODS POLICY
All returns must be authorized by Florida Infusion Services. A return Goods Authorization Form will be mailed for all approved returns, a copy of which must accompany the returned goods. Florida Infusion Services will accept the following returns:

Items Shipped In Error

Full credit. We will refund freight expenses.

Overstock Items

A 10% processing fee will be applied. Dated products must be received with at least 4 months shelflife. Products must be shipped prepaid. To comply with the Drug Marketing Prescription Act, all items returned for restock must be guaranteed to have been stored under sanitary conditions and within the appropriate temperature and humidity requirements.

Returned Items

Returned Items. Outdated goods must be returned within 6 months after the expiration date. A 15% processing fee will be applied to the amount of credit obtained by the manufacturer.

Non-Returnable Merchandise

- Refrigerated products.
- Expired products retained for more than 6 months past the date of expiration.
- Items not returnable to the original manufacturer.



FLORIDA INFUSION

NEXT DAY AIR DELIVERY

184



1-800-624-0152 **D-6**

FLORIDA INFUSION

CHEMONET

DECEMBER

1995

2 GREAT WAYS TO SAVE

The first will save you money, the second saves you time...

1. REDUCED PRICES

FloridaInfusion, continuing in its role as the price leader in the delivery of pharmaceuticals and supplies to the Oncology Practitioner, is pleased to announce, until further notice, lower prices on the following drugs:

ZOFRAN 2mg/mL	20mL	\$166 ⁰⁰ /vial
ZOFRAN 32mg/mL	50mL	\$125 ⁰⁰ /bag
KYTREL	1mg	\$117 ⁰⁰ /vial
FLUDARA	50mg	\$152 ⁰⁰ /vial
ADRIAMYCIN PFS	200mg	\$258 ⁰⁰ /vial
DOXORUBICIN solution	200mg	\$240 ⁰⁰ /vial
DOXORUBICIN powder	50mg	\$52 ⁰⁰ /vial
MITOMYCIN	5mL	\$98 ⁰⁰ /vial
MITOMYCIN	20mL	\$309 ⁰⁰ /vial
NAVELBINE 10mg/mL	1mL	\$38 ²⁵ /vial
NAVELBINE 10mg/mL	5mL	\$191 ²⁵ /vial
5-FU Solopak	500mg	79¢/vial
5-FU Solopak	5gram	\$72 ⁵⁰ /vial
LEUCOVORIN	100mg	\$37 ⁵⁰ /vial

2. AUTOMATIC FAX ORDER SYSTEM

To provide you greater convenience, and to save you time and money, we would like to invite you to place your orders via fax using our 800 line. Of course your account manager or customer service representative is still available to assist you at any time. Take advantage of the following important benefits:

- Provides a permanent record of your order.
- Fax at your convenience, anytime night or day.
- Cut and copy the standard forms on pages 7 & 8.

1-800-624-0152		PRICE LIST		15	
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 1MG VIAL	150	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 2MG VIAL	990	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 3MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 4MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 5MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 6MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 7MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 8MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 9MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 10MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 11MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 12MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 13MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 14MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 15MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 16MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 17MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 18MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 19MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 20MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 21MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 22MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 23MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 24MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 25MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 26MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 27MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 28MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 29MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 30MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 31MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 32MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 33MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 34MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 35MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 36MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 37MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 38MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 39MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 40MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 41MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 42MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 43MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 44MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
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VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 67MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
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VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 75MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 76MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 77MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 78MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 79MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 80MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 81MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 82MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 83MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 84MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 85MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 86MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 87MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 88MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 89MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 90MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 91MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 92MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 93MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 94MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 95MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 96MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 97MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 98MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 99MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12
VACCIN 1GRAM LALLY 180X	143.00	* VENCUSTINE SOLUTION 100MG VIAL	1120	* ZANTAC IV 150MG/15ML SOLV 180X	31.12

TERMS & CONDITIONS

TERMS

Net 30 from date of invoice. Overdue balances will be assessed a monthly 1.5% service finance charge. Orders placed before 3:00 p.m. E.S.T. will be processed the same day. Orders for \$100 or more are shipped prepaid. Orders of less than \$100 will be assessed a \$5.00 handling and shipping charge. All back orders are shipped freight prepaid. Customers requesting special order handling will be billed the actual expense, unless special circumstances prevail or Florida Infusion Services is in error.

FREIGHT

Drug shipments outside of the state of Florida are shipped freight prepaid via UPS next-day air service. Medical supplies are shipped freight prepaid via UPS Ground for delivery between 2-5 days. Items requiring refrigeration during shipment will be shipped freight prepaid UPS Red label Monday through Thursday.

PRICES

Prices are subject to change without notice. We will attempt to notify customers of price changes in advance, when possible. We will be happy to quote, upon request, current prices at the time of the order.

DAMAGES

If goods arrive in a broken or damaged condition, the receiving party should request the carrier to note the nature of the damage or breakage on the delivery receipt and should notify Florida Infusion Services. Our responsibility for loss of, damage to, or delay in shipment of goods shall not, in any event, exceed the replacement cost of the shipment.

RETURN GOODS POLICY

All returns must be authorized by Florida Infusion Services. A Return Goods Authorization Form will be mailed for all approved returns, a copy of which must accompany the returned goods. Florida Infusion Services will accept the following returns:

ITEMS SHIPPED IN ERROR

Full credit. We will refund freight expenses.

OVERSTOCK ITEMS

A 10% processing fee will be applied. Dated products must be received with at least 4 months shelflife. Products must be shipped prepaid. To comply with the Drug Marketing Prescription Act, all items returned for restock must be guaranteed to have been stored under sanitary conditions and within the appropriate temperature and humidity requirements.

RETURNED ITEMS

Outdated goods must be returned within 6 months after the expiration date. A 15% processing fee will be applied to the amount of credit obtained by the manufacturer.

NON-RETURNABLE MERCHANDISE

- Refrigerated products.
- Expired products retained for more than 6 months past the date of expiration.
- Items not returnable to the original manufacturer.



FLORIDA INFUSION

186

For Rep Use Only

Oncology/Oncology Business Unit

TAP: The Total Package**Lupron vs. Zoladex Present RTP Comparison
on typical 101 kit order**

Lupron Depot	
AWP	\$ 52,078.63
38 kits of 7.5 mg	\$ 14,107.50
21 kits of 22.5 mg	\$ 23,129.19
Total Cost	\$ 37,236.69
RTP	\$ 14,841.94

Zoladex	
AWP	\$ 41,461.51
38 kits of 3.6 mg	\$ 9,609.06
21 kits of 10.8 mg	\$ 15,724.17
Total Cost	\$ 25,333.23
RTP	\$ 16,128.28

RTP Comparison Fav/(Unfav)

\$ (1,286.34)

Hit 'em With The Best Shot

TAP Business Unit

TAP-BLI 0016887
CONFIDENTIAL

RTP, E-2

For Rep Use Only

TAP: The Total Package**Lupron vs. Zoladex New Pricing Comparison**

Lupron Depot 7.5 mg					Lupron Depot 22.5 mg				
Units	AWP	Cost	Discount	RTP	Units	AWP	Cost	Discount	RTP
1 to 11	\$515.63	\$412.50	9.0%	\$103.13	1 to 3	\$1,546.89	\$1,237.50	0.0%	\$309.39
12 to 23	\$515.63	\$400.13	3.0%	\$115.50	4 to 7	\$1,546.89	\$1,200.39	3.0%	\$346.50
24 to 35	\$515.63	\$391.89	5.0%	\$123.75	8 to 15	\$1,546.89	\$1,175.64	5.0%	\$371.25
36 to 59	\$515.63	\$383.63	7.0%	\$132.00	16 to 19	\$1,546.89	\$1,150.89	7.0%	\$396.00
60 to 71	\$515.63	\$375.39	9.0%	\$140.25	20 to 23	\$1,546.89	\$1,126.14	9.0%	\$420.75
72 to 100	\$515.63	\$367.13	11.0%	\$148.50	24 to 34	\$1,546.89	\$1,101.39	11.0%	\$445.50
101 to 200	\$515.63	\$358.81	13.0%	\$156.82	35 to 66	\$1,546.89	\$1,070.43	13.5%	\$476.46

Zoladex 3.6 mg					Zoladex 10.8 mg				
Units	AWP	Cost	Discount	RTP	Units	AWP	Cost	Discount	RTP
1 to 11	\$410.51	\$328.40	20.0%	\$182.11	1 to 3	\$1,231.53	\$985.22	0.0%	\$246.31
12 to 23	\$410.51	\$292.26	11.1%	\$179.23	4 to 7	\$1,231.53	\$866.99	12.0%	\$364.54
24 to 35	\$410.51	\$289.21	1.0%	\$171.50	8 to 15	\$1,231.53	\$847.29	14.0%	\$384.24
36 to 59	\$410.51	\$275.89	6.0%	\$151.05	16 to 19	\$1,231.53	\$817.73	17.0%	\$413.80
60 to 71	\$410.51	\$266.09	12.0%	\$131.51	20 to 23	\$1,231.53	\$788.18	20.0%	\$443.35
72 to 100	\$410.51	\$259.44	21.0%	\$151.07	24 to 33	\$1,231.53	\$768.47	22.0%	\$463.06
101 to 200	\$410.51	\$252.87	23.0%	\$157.54	34 to 66	\$1,231.53	\$748.77	24.0%	\$482.76

Hit 'em With The Best Shot

TAP: The Total Package

TAP-BLI 0016886
CONFIDENTIAL

R, E, E-2

Now Available:

Anzemet™

A New 5-HT₃ Receptor Antagonist

(dolasetron mesylate injection/tablets)
from Hoechst Marion Roussel



Excellent Efficacy and Safety Profile

Great Value!

CATALOG NUMBER	NDC	BRAND NAME	ITEM	UNIT SIZE	ORDER QUANTITY	PRICE/UNIT	AMP
900-250	0088-1206-22	Anzemet	dolasetron mesylate	100 mg vial	1	\$70.00	\$149.88
970-300	0088-1203-05	Anzemet	dolasetron mesylate	100 mg tablets	3	\$289.75	\$130.00
970-305	0088-1203-29	Anzemet	dolasetron mesylate	100 mg tablets blister pack	3	\$289.75	\$330.00
970-310	0088-1203-43	Anzemet	dolasetron mesylate	100 mg tablets unit dose	10	\$579.50	\$560.00

E-3

Outstanding Support:

**Reimbursement and Patient Assistance
Program Hotline 1-888-895-2219**

Call the Anzemet Hotline for help with reimbursement
and patient assistance programs, Monday through
Friday between 10:00 am and 6:00 pm ET.

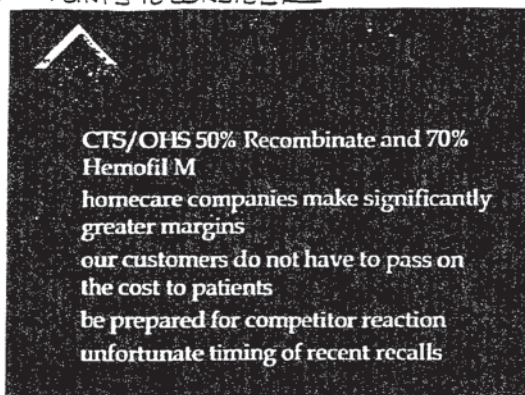
**Call OTN today at
1-800-482-6700
to place your order!**

189

CONFIDENTIAL
—BAXTER INTERNAL USE ONLY—

F-1

AWP = POINTS TO CONSIDER



• Caremark and Olsten compose greater than 50% of our sales revenue and total unit sales for Recombinate and greater than 70% of our sales revenue and total unit sales for Hemofil M (1996 and 1997 YTD)

• Increasing AWP's was a large part of our negotiations with the large homecare companies

• Homecare companies that reimburse based on AWP make a significantly larger margin on FVIII products compared to Baxter
eg. If Caremark or Olsten reimburse at today's AWP, their margins are greater than fifty cents per unit for Recombinate and greater than forty cents per unit for Hemofil M

• Our customers do not have to pass on the increase in AWP's to patients by reimbursing at these levels

• We need to be prepared for competitors to alarm the hemophilia community that Baxter has increased ASP and AWP!

• We need to stress that we withheld from increasing prices during product shortages in 1996 and now even though the prices increase seems untimely, it is necessary and has been postponed as long as possible

• Baxter has been a leader in cost containment by keeping prices down - perhaps homecare companies, treatment centers, and insurance companies need to also do their fair share

0003153

190

F-2

Christopher Cheney

Bayer 

08/07/97 01:15 PM

Pharmaceutical Division

To: Brian Shortell/WESTH/PH/US/BAYER
cc:
Subject: Re: Recombinate AWP Change

FYI ... It looks like if the reports are true we will need to follow suit.

Forwarded by Christopher Cheney/BAYER-US-NOTES on 08/07/97 01:13 PM

 David Mahoney
08/07/97 12:19 PM

To: Christopher Cheney/BAYER-US-NOTES
cc:
Subject: Re: Recombinate AWP Change

Chris, if Baxter has increased their AWP then we must do the same. Many of the Homecare companies are paid based on a discount from AWP. If we are lowed than Baxter then the return will be lower to the HHC. It is a very simple process to increase our AWP, and can be done overnight. Lets talk about this next week at our meeting in Old Saybrook.
08/06/97 06:35 AM

Christopher Cheney

Bayer 

08/06/97 06:35 AM

Pharmaceutical Division

To: Brian Shortell/WESTH/PH/US/BAYER
cc: Carole Guthrie/WESTH/PH/US/BAYER, David Mahoney/BAYER-US-NOTES, Terry Tenbrunsel/BAYER-US-NOTES
Subject: Recombinate AWP Change

Carole reports that a rep has heard that Baxter recently increased the AWP for Recombinate from \$1.18 to \$1.24. Do we have any means for verifying this information? Secondly if the info is correct would it be possible for us to match their increase? Would you be able to comment on the pro's and con's of a change to our AWP?

Call me when you get a chance.

BAY0031

191

F-3

SB
SmithKline Beecham
 Pharmaceuticals

MEMORANDUM

Oncology and Specialty Products Business Unit

March 21, 1996

TO: R. de Souza

cc: M. Davis
R. Van Thiel

FROM: D. Tasse

RE: Kytril Price Increase

I recommend a 4.8% price increase effective March 25, 1996 for all Kytril presentations. This is in repose to a Glaxo Wellcome price increase of 4.8% for Zofran effective March 8, 1996.

The following are the revised prices for wholesalers and oncology distributors:

	FORM	WAC	AWP
Wholesalers:	1mg/ml vial	139.17	173.95
	1mg 2's tablet	66.02	82.55
	1mg 20's tablet	660.24	825.30
Oncology			
Distributors:	1mg/ml vial	122.47	173.95
	1mg 2's tablet	62.72	82.55
	1mg 20's tablet	627.23	825.30

0321b.doc

Verbal approval from Rickard & Jones
 attested by [Signature]

SBCC 0743

192

AA 000529 Venoglobulin-S 5% Solution Solvent Detergent
 * New ASP = \$76.15 / gram

NDC	Item	AWP	AWP
Number	Description	Pack Price	Eff. Date
49669-1612-1	Soln., 5%, 50mL, 2.5g. ea, w/ IV set	\$ 190.38	6/16/94
49669-1613-1	Soln., 5%, 100mL, 5.0g. ea, w/ IV set	\$ 380.75	6/16/94
49669-1614-1	Soln., 5%, 200 mL, 10.0g. ea, w/ IV set	\$ 761.50	6/16/94

Published AWP's for competitive products are as follows:
 (Reference: Average AWP per 1994 Redbook)

Cutter	Gamimune N 5%	\$ 57.12/ g	
Cutter	Gamimune N 10%	\$ 75.00/ g	
Baxter	Gammagard S/D	\$ 64.00/ g	*List Price/ Cust. Srv
Sandoz	Sandoglobulin	\$ 42.00/ g	
ARC	Polygam	\$? / g	
Immuno	Iveegam	\$ 65.00/ g	
Armour	Gammag IV	\$ 62.00/ g	
Alpha	Venoglobulin-I	\$ 47.00/ g	NOW ↑ \$60.82/ g
Alpha	Venoglobulin-S	\$ 65.00/ g	NOW ↑ \$76.15/ g

Pharmacy billing and management services can bill for product based on the published AWP and thereby net incremental margin with Venoglobulin-S usage. Margin for the pharmacy is the difference between AWP and acquisition cost (\$76.15/ g - \$30/ g = \$46.15/ g margin). Good luck in capturing new homecare/clinic accounts!

F-4

BAY005297

Gamimune®N Alternate Site Strategy

Reimbursement

F-5

		Distributor Acquisition Price	A.W.P.	Spread
Bayer	Gamimune®N 10%	\$33.60	\$75.00	\$41.40
Alpha	Veroglobulin S 10%	\$29.00	\$80.00	\$51.00
Baxter	Gammagard	\$23.75	\$64.00	\$40.25
Centeon	Gammar P	\$22.00	\$68.00	\$46.00
Red Cross	Polygam S/D	\$21.00	\$58.00	\$37.00

194

F6



INTEROFFICE CORRESPONDENCE

TO: ATC Sales Force
 ATS Sales Force
 P. DeHart
 D. Flanagan
 P. Gatto
 J. Gross
 G. Mull
 J. Brown

FROM: Christine Chow
 DATE: 19 September, 1996

RE: New AWP's

Bayer increased the AWP for Gamimune® N 10% from \$75 per-gram to \$90.00 per gram beginning August, 1996. These increases were published in the August 96 Update of the Red Book. NDC numbers were changed to reflect Bayer's corporate identity numbering system. Please see attached page from the Red Book.

Alpha has increased our AWP for Venoglobulin®-S 5% and Venoglobulin®-S 10%. Effective 16 September 1996, our published Red Book Price is:

	<u>Old AWP</u>	<u>New AWP</u>
Venoglobulin-S 5%	\$76.15/ gram	\$ 90/ gram
Venoglobulin-S 10%	\$80/ gram	\$ 95/ gram

These new prices have been submitted to the Red Book and MediSpan and can be used for out-patient billing purposes. Please feel free to call if you have additional questions.

Very Best Regards,

cc: Management Committee
 R. Mamidi
 S. Tonetta, Ph.D.
 G. Chan
 S. Wada

AA 000609

195

Baxter

To: Pete O'Malley

Interoffice Memorandum - For Internal Use Only

Date: June 11, 1996

cc: Larry Guiheen
Matt Likens
John Sonnier

From: Kyle A. Bush

Subject: AWP/WAC

Attached is a memo from one of our customers voicing a concern about the reimbursement levels of Gammagard S/D. Reimbursement for Gammagard S/D in Florida is significantly lower than any of the other IGIVs.

Reimbursement for IGIVs is based on either AWP (+/- a percentage depending on the state), or wholesale acquisition cost (WAC) + 8%. (WAC is used as the method of reimbursement in TX, RI, MA, MD, FL, CO, AL).

Walter has provided us with WAC prices for several IGIVs.

Ven S 10%	Ven S 5%	Gam N 10%	Gam P-IV	Poly S/D	Gam S/D
\$71.26 g	\$67.76	\$67.76	\$51.89	\$51.62	\$38.09

This price is being promoted by certain manufacturers sales force as a financial incentive to use their product. The deliberate manipulation of AWP or WAC prices is a problem that we need to address. The spread between acquisition cost and AWP/WAC is direct profit for customers, and is being used to increase product positioning in the market by certain manufacturers.

6/17

- Will raise AWP for Et/SD by 15%
- Reasons are:
 - Negotiation - 50 Prices
 - HIV antigen - R&D
 - Pull off label
- Will try to implement Q3 1996

0003187

196

Baxter

F8

Internal Memorandum - For Internal Use Only

To: Sales Managers
Biotech Sales
Hemophilia Sales

Date: August 6, 1997

cc: Brad Bridges Pete O'Malley
L. Cunningham Steve Finney
Jim Post Judy Reuter

From: Kyle Bush

Subject: AWP History

Attached is a 1997 AWP history update for all IGIV products. Under the "1997 AWP column", the **BOLDED** entries represent recent increases.

We are very aware of the current AWP increases in the market place and the potential impact that could have on alternate site sales for Gammagard S/D. We have a strategy to raise AWP's for Hyland's products and will proceed when the timing is right. Specifically, we can increase AWP's proportionate to the average ASP increase for a specific product line. Or, we can justify an AWP increase if our internal investments have increased; i.e. PCR testing, packaging improvements, HIV/HCV antigen testing, capacity improvements, etc...

We increased the AWP for Gammagard S/D by 15% in October 1996. We will look at Gammagard S/I again in Q4 - 97 and see if the timing (criteria mentioned above has been met) is right for another AWP increase.

0003304

197

F-9

To: Scott Haviland

From: David Cory *DC*

Date: October 27, 1994

Re: Zofran Pricing Recommendation

The following Zofran pricing position incorporates comments made by members of the pricing team from the original pricing recommendation. Chuck has spoken to Jim Daly and plans to bring this recommendation to the pricing committee meeting on November 4, 1994.

Please let me know if you have any questions.

cc: C. Bramlage

Command 15-20% Price Premium

GWNet

GW4IG/8:00005

Introduction

Market share for Kytril in the clinic segment for the week ending 9/30/94 was 36% of units. The cumulative penetration for Kytril in the clinic segment for fiscal 94/95 is 29% (market research DDD). Although internal pricing studies projected that Kytril penetration would not reach this level until 12 to 18 months following launch, this level of Kytril unit share has been consistent over a six week period. The clinic contribution to the CIE market is currently 35% or approximately \$100MM in available antiemetic dollars per year. The Zofran pricing plan identifies 25% in cumulative Kytril unit sales as a trigger point at which time Glaxo Inc. would deliver a market response.

US
29%

Discussion

Physician reimbursement for the administration of intravenous oncology drugs is based on the spread between acquisition cost and the AWP. The typical spread between the List Price and the AWP in the industry is either 16 2/3% or 20%. The majority of agents in the oncology market carry a 20% AWP. This allows the oncologist to be compensated for the cost of the intravenous drug administered as Medicare reimburses at 80% of the AWP. The administration of intravenous agents in the outpatient or clinic setting is almost exclusive to the oncology practice.

SKB's clinic promotion has been based on a therapeutic equivalency campaign with significant reimbursement advantages in favor of Kytril. The current reimbursement spread favors Kytril at \$18.80 per single-dose vial compared to Zofran at \$-0.89 per 32mg dose per patient.

25%

	Net White	Purchase Vial	AWP Vial	Purchase Dose	80% AWP/Dose	80% AWP/Vial	Reimbursement Spread/Patient
Kytril	\$132.80	\$114.00	\$166.00			\$132.80	\$18.80
Zofran	\$178.97	\$172.92	\$214.76	\$138.39	\$137.45		\$-0.89

20%

Because Kytril is available in a single dose presentation, the complete vial may be billed for reimbursement. Zofran, as a multi-dose presentation, may only be billed on a milligram basis for the dose administered. Kytril carries a 20% spread between List Price and AWP compared to Zofran which carries a 16 2/3% spread providing SKB with a significant advantage in the clinic setting with respect to reimbursement.

GWN:el

GW41G/8:00006

199

Pharmaceutical companies were examined which currently have agents in the oncology class. The following examples illustrate that these agents carry a 20% AWP.

Company	Agent	List Price	AWP	Spread
Lederle	Novantrone 2mg/ml, 10ml	\$494.94	\$616.18	20%
Adna	Adnamycin 2mg/ml, 100ml	\$340.93	\$676.19	20%
Bristol	Platinol AQ 1mg/ml, 50ml	\$129.62	\$162.75	20%
SKB	Kynri 1mg/ml, 1ml	\$132.80	\$166.00	20%

Recommendation

In order to balance the reimbursement spread which currently exists between Zofran and the market in which it competes, one of the two scenarios which follow are recommended:

Recommendation #1

- 4.5% price increase \$178.97 to \$187.02
- Increase AWP 16 2/3% to 20%
\$214.76 to \$233.78 (8.5%)
- 3% Wholesaler Rebate
\$187.02 to \$172.92 (chargeback)
\$172.92 to \$167.31 (rebate)
(11/14/94 - 1/31/95)

	Net Wholesaler	Purchase Vial	AWP Vial	Purchase Dose	90% AWP/Dose	80% AWP/Vial	Reimbursement Spread/Patient
Kynri	\$132.80	\$114.00	\$166.00			\$132.80	\$18.80
Zofran	\$187.02	\$167.31	\$233.78	\$133.84	\$149.62		\$15.77
	187.12	167.73	234.42	133.84	143.07		9.23

This program would provide a reimbursement spread of \$15.77 for a 32mg dose of Zofran. This would also incentivize the clinic segment of the business to utilize the approved 32mg dose of Zofran as reimbursement is provided on a milligram basis. Because the majority of the clinic business is price protected at \$172.92 through 12/95 the net discount is only 3% off current contracted prices.

GWNeI

GW4IG/8:00007

200

Recommendation #2

- 4.5% price increase \$176.97 to \$187.02 ^{73.92}
- 7% Wholesaler Rebate \$187.02 to ~~\$172.92~~ (chargeback) ^{73.92}
 (11/7/94 - 1/31/95) ~~\$172.92 to \$159.82 (rebate)~~ ^{60.92}

	Net Price	Purchase Price	AWP	Purchase Price	16% AWP Dis	16% AWP Dis	Reimbursement
Kytril	\$132.80	\$114.00	\$166.00			\$132.80	\$18.80
Zofran	\$187.02	\$159.82	\$224.43	\$127.86	\$143.64		\$15.77

This program would provide a reimbursement spread of \$15.77 for Zofran. Again, the program would incentivize the use of the approved 32mg dose as reimbursement is provided for milligrams administered. The net discount from price protection at \$172.92 to \$159.82 would be 7%.

The impact of these programs will provide a level platform for Zofran sales promotion within the oncology clinics relative to Kytril. The recommended multi-tiered modification to current promotion, should also provide an immediate resultant impact to weekly unit sales without being easily intelligible by SKB as to the means by which this was achieved. Thus, providing additional time before a competitive response would be delivered.

In response, SKB will likely have two options:

Option 1: Decrease the purchase price of Kytril.

Option 2: Take a price increase to raise the AWP while maintaining purchase price to generate a higher spread than \$52.00.

Neither option appears advantageous for SKB. Because SKB has not reduced the price of Kytril recently and market share trend is positive, it appears they are content with current pricing strategy. A reduction in price would have a significant impact on Kytril revenues. Conversely, a price increase would be inconsistent with the price message, a marketing strategy that SKB has employed since launch.

GWNel

GW41G/8:00008

201

G-1

Evan Jett
10/30/97

Dr. William Quan
Comprehensive Cancer Center, Inc.
c/o Salick Health Care Center, Inc.
8201 Beverly Blvd.
Los Angeles, CA. 90048-4520

Dear Willie,

A (VPR) Voluntary Price Reduction will become effective May 9, 1997. The wholesalers have been notified, however it may take two weeks to complete the transition. Pricing for direct orders are effective as of May 9, 1997. This new pricing is designed to keep Salick competitive if the market place

<u>Products</u>	<u>NDC#</u>	<u>NEW PRICES</u>
Adriamycin RDF 10 mg	108691	\$ 6.75
Adriamycin RDF 20 mg	109691	\$ 13.49
Adriamycin RDF 50 mg	110679	\$ 33.73
Adriamycin RDF 150 mg	111683	\$101.19
 Adriamycin PFS 10 mg	 113691	 \$ 7.60
Adriamycin PFS 20 mg	114691	\$ 15.20
Adriamycin PFS 50 mg	115679	\$ 38.00
Adriamycin PFS 75 mg	117687	\$ 57.00
Adriamycin PFS 200mg	116683	\$152.00
 Bleosar 15 unit	 161678	 \$165.00
Bleosar 30 unit	163686	\$330.00

If you have any questions, please don't hesitate to call me. Hope to see you in Denver.

Regards

Dan Bell
salickvp

000600

202

6-2

From: GRDERR at PN04PO
 Date: 10/21/97 9:22 AM
 Priority: Normal
 To: *SGAMS at Mail List
 Subject: Market Company Alert - October 1997 Price Increase

----- Message Contents -----
 SGAMS

FYI - Heads up. The following P&U price increases may create a spread between purchase price and Medicaid reimbursement that may create sales complaints if not resolved in a reasonable time period by customary Medicaid updates. Therefore, your action may be required in some instances if over the next few months Medicaid does not automatically pick up the price changes.

Glen

Forward Header
 Subject: Market Company Alert - October 1997 Price Increase
 Author: JSHOLLEN at PN01PO
 Date: 10/20/97 7:44 PM

October 20, 1997

Contracting & Pricing

TO:	* VP US Pharm Sls	* Acct Team Dirs	* Pharm Sls Spec
	* Reg Sls Dirs/PSMs	* Natl Acct Dirs	* Ophthalmic Reps/DSMs
	* Operations Dir	* Mgd HC Dirs	* Peptide Hormone Reps
	* Team Fed Govt	* Reg Acct Mgrs	* Oncology/Aids Reps
	* HC Ed Svcs	* DC Reg Dir/Mgr	* Uro/Derm Reps/UBCs
	* Therapeutic DSMs		* Hospital Reps
	* PSL		* Team Kaiser
	* Public Affairs		* Team Coaches/DSMs
	* Nat Cust Svc Sls Dir		

FROM: William Hillmer, Pricing Analyst, ext. 3-8386

SUBJECT: October 1997 Price Increase - Effective October 21, 1997

Effective with the close of business hours, Monday, October 20, 1997, the Retail & Wholesale prices of many Pharmacia & Upjohn Company products will be revised.

All catalog orders received after business hours, October 20, 1997, will be invoiced at revised prices. Attached are the product families affected and their percentages. A complete reprint of the Retail and Wholesale Price Lists will be issued in January 1998. Until then, please use your January 1997 Retail and Wholesale Price lists along with all 1997 price change announcements. Within the next few days you will receive a letter detailing the revised products and their new prices.

As a courtesy, we are allowing our customers the opportunity to make a one-time buy-in purchase at old list prices if they have direct purchase history for the products with price revisions. Their one-time purchase will be limited to a two-week average supply based on their net-direct April 1997 through September 1997 purchase history.

For all our customers who have April 1997 through September 1997 direct purchase history for the products with price revisions, we will mail them a Special Buy-In Order Form the week of November 10, 1997. The Special Buy-In Order Form will indicate the maximum allotment of each product that they may purchase at old list prices. Excessive purchases will be reduced to the buy-in allotment. They must use the Special Buy-In Order Form and it must be received on or before December 10, 1997 to be invoiced at the old prices. As inventory allotments allow, their buy-in order will be shipped between the receipt of their Order Form and January 16, 1998.

Complete buy-in instructions will be provided to customers with their Special Buy-In Order Form. PSM's will receive complete Price Increase Buy-In order form packages in early November.

203

PRODUCT	PERCENT INCREASE
ADRIAMYCIN	6.0
ADRUICIL Injection	6.0
ALBAMYCIN Capsules	6.0
AMSAID Tablets	7.0
AZULFIDINE Tablets	10.0
AZULFIDINE En-Tabs	10.0
BLEOMYCIN	6.0
CAVERJECT Sterile Powder	5.0
CLEOCIN Vaginal Cream	7.5
CLEOCIN MCI Capsules	10.0
CLEOCIN PHOSPHATE	20.0*
CLEOCIN T Topical Solution	7.0
CLEOCIN T Topical Gel & Lotion	7.0
COLESTID Granules	7.0
COLESTID Tablets	7.0
CORTEF Oral Suspension	7.0
CORTEF Tablets	7.0
Cortisone Acetate Tablets	7.0
CORVERT Tablets	15.0
CYKLOKAPRON Ampoule	30.0
CYTOSAR-U Sterile Powder	6.0
DELTASONE Tablets	6.0
DEPO-Estradiol Sterile Solution	10.0
DEPO-MEDROL Sterile Aqueous Suspension	6.0
DEPO-PROVERA Contraceptive Injection	6.0
DEPO-PROVERA Sterile Aqueous Solution	9.0
DEPO-TESTADIOL Sterile Solution	10.0
DEPO-Testosterone Sterile Solution	10.0
DIDREX Tablets	10.0
DIPENTUM Capsules	9.0
DOSTINEX Tablets	4.0
EMCIT Capsules	6.0
ESTRING Ring	5.0
FLAVORED COLESTID Granules	7.0
GELFILM Products	9.9
GELFOAM Sterile Powder	15.0
GELFOAM Sterile Sponge	4.8
HALCION Tablets	10.0
HALOTESTIN Tablets	10.0
HEMABATE Sterile Solution	9.9
Heparin Sodium Injection	7.0
IDAMYCIN Injection	6.0
KABIKINASE Lyophilized Powder	15.0
LINCOCIN Capsules	10.0
LINCOCIN Sterile Solution	6.0
LONTAN Tablets	10.0
MEDROL Tablets	7.0
MICRONASE Tablets	8.0
MOTRIN Tablets	6.0
MYCOBUTIN Capsules	5.0
NEOSAR	6.0
OGEN Tablets	5.0
OGEN Vaginal Cream	5.0
ORINASE Tablets	7.0
PREPIDIL Gel	9.9
PROSTIN E2 Vaginal Suppository	50.0
PROSTIN VR PEDIATRIC Sterile Solution	20.0
PROVERA Tablets	10.0
SOLU-MEDROL	6.0
TOLINASE Tablets	7.0
TOPISAR	5.0
TROBICIN Sterile Powder	10.0
VINCASAR	6.0
XANAX Tablets	8.0
ZANOSAR Sterile Powder	10.0
ZINECARD Injection	8.0

* WARNING NOTICE: Documents contain confidential trade secret information.
Do not release outside of State Attorney General's Offices.

204

G-3



15u \$198⁰⁰ →
 30u \$396⁰⁰

205

FLORIDA INFUSION

SPECIAL PRICES VALID
Nov 17/97 - Nov 21/97



BLEOMYCIN

G-4

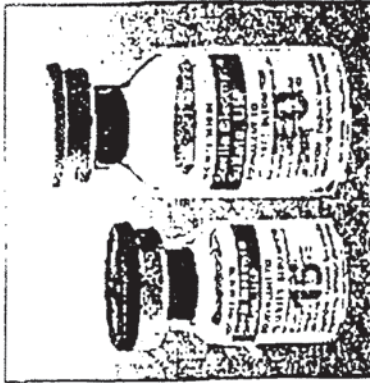
15unit **\$175⁰⁰** →

30unit **\$350⁰⁰**

206

810-600-1015
FLORIDA INFUSION
CHEMONEUT
FALL 1998

BLEOMYCIN



15u \$158.00 30u \$330.00



G-5